

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/570802
APPLICANT/ATOR

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2					
4	12		1			
5	1		1			
6	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	6	←		←
TOTAL CLAS/ES		████	8	████		████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAS/ES		████		████		████

BEST AVAILABLE COPY